



2644

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jason GOSIOR, Kip HAMPSON, Lee KRUSZEWSKI
and John SOBOTA

Serial No.: 09/784,293

Group Art Unit: 2644

Filing Date: February 14, 2001

Examiner:

Title: **WIRELESS AUDIO SYSTEM**

RECEIVED

Entity Status: Small Entity

MAR 05 2002

Our Docket: RR-501

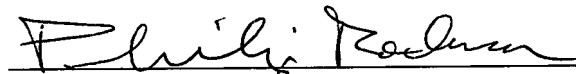
Technology Center 2600

CERTIFICATE UNDER 37 CFR 1.8 (a)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
Washington, D.C. 20231

on February 20, 2002


Applicants' Attorney

Commissioner for Patents
Washington, D.C. 20231

**REVOCATION OF POWER OF ATTORNEY
AND APPOINTMENT OF NEW POWER OF ATTORNEY**

Sir:

Applicants hereby submit:

- 1) A Revocation of Power of Attorney document which pertains to all previous and existing Powers of Attorney.
- 2) A Power of Attorney document which appoints the new prosecuting attorneys for this application.

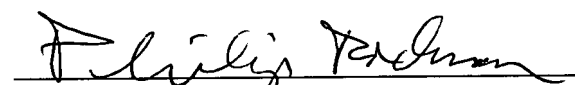
Please charge any fees in connection with this submission to our

Deposit Account No. 18-1743.

Dated: February 20, 2002

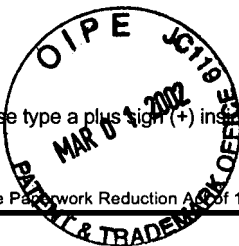
Respectfully submitted,

RODMAN & RODMAN
7 South Broadway
White Plains, New York 10601


Philip Rodman, Reg. No. 25,704
Attorney for Applicants

Telephone: (914) 949-7210
Facsimile: (914) 993-0668

Please type a plus sign (+) inside this box → ☐



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/784,293
Filing Date	February 14, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	Wireless Audio System
Group Art Unit	2644
Examiner Name	-----
Attorney Docket Number	RR-501 /58019-41

I hereby appoint:

☐ Practitioners at Customer Number _____ →

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

RECEIVED

MAR 05 2002

Technology Center 2600

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____ →

OR

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Rodman & Rodman

Address 7 South Broadway

Address

City White Plains State NY Zip 10601

Country

Telephone (914) 949-7210 Fax (914) 993-0668

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Jason Gosior

Signature

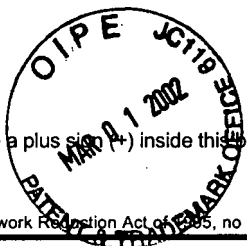
Date

Jason Gosior
Feb. 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/784,293
Filing Date	February 14, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	Wireless Audio System
Group Art Unit	2644
Examiner Name	-----
Attorney Docket Number	RR-501 /58019-41

I hereby appoint:

☐ Practitioners at Customer Number _____
OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

RECEIVED

MAR 05 2002

Technology Center 2600

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____

OR

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Rodman & Rodman

Address **7 South Broadway**

Address

City **White Plains** State **NY** Zip **10601**

Country

Telephone **(914) 949-7210** Fax **(914) 993-0668**

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name **Kip Hampson**

Signature

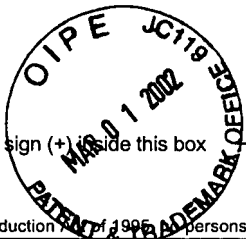
Date

FEBRUARY 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of **4** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Project of 1996, persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/784,293
Filing Date	February 14, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	Wireless Audio System
Group Art Unit	2644
Examiner Name	-----
Attorney Docket Number	RR-501 /58019-41

I hereby appoint:

☐ Practitioners at Customer Number _____

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____

OR

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Rodman & Rodman

Address

7 South Broadway

Address

City

White Plains

State

NY

Zip

10601

Country

Telephone

(914) 949-7210

Fax

(914) 993-0668

I am the:

☒ Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Lee Kruszewski

Signature

Lee Kruszewski

Date

February 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/784,293
Filing Date	February 14, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	Wireless Audio System
Group Art Unit	2644
Examiner Name	-----
Attorney Docket Number	RR-501 /58019-41

I hereby appoint:

☐ Practitioners at Customer Number _____

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

RECEIVED

MAR 05 2002

Technology Center 2600

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____

OR

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Rodman & Rodman

Address 7 South Broadway

Address

City White Plains State NY Zip 10601

Country

Telephone (914) 949-7210 Fax (914) 993-0668

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name John Sobota

Signature

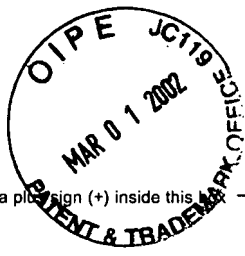
Date


2/11/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this 

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/784,293
	Filing Date	February 14, 2001
	First Named Inventor	Jason Gosior et. al.
	Group Art Unit	2644
	Examiner Name	----
	Attorney Docket Number	RR-501/58019-41

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

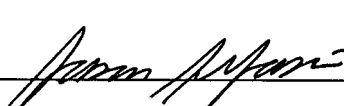
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

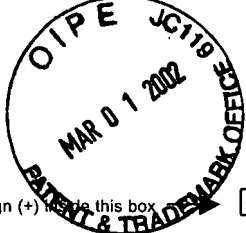
SIGNATURE of Applicant or Assignee of Record

Name	Jason Gosior
Signature	
Date	Feb. 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box ☐

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/784,293
	Filing Date	February 14, 2001
	First Named Inventor	Jason Gosior et. al.
	Group Art Unit	2644
	Examiner Name	----
	Attorney Docket Number	RR-501 /58019-41

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or Individual Name			
Address	RECEIVED MAR 05 2002 Technology Center 2600		
Address			
City			
Country			
Telephone		Fax	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

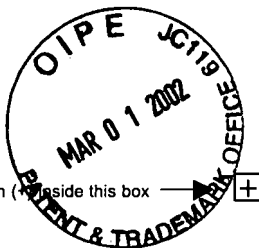
SIGNATURE of Applicant or Assignee of Record

Name	Kip Hampson
Signature	
Date	FEBRUARY 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box 

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/784,293
Filing Date	February 14, 2001
First Named Inventor	Jason Gosior et. al.
Group Art Unit	2644
Examiner Name	----
Attorney Docket Number	RR-501 /58019-41

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

RECEIVED

MAR 05 2002

Technology Center 2600

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Lee Kruszewski

Signature

Lee Kruszewski

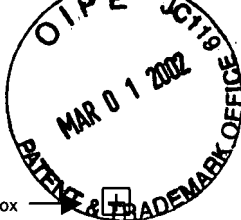
Date

February 11, 2002.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/784,293
	Filing Date	February 14, 2001
	First Named Inventor	Jason Gosior et. al.
	Group Art Unit	2644
	Examiner Name	---
	Attorney Docket Number	RR-50/ /58019-41

I hereby revoke all previous powers of attorney or authorizations of agent given in the above identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John Sobota
Signature	
Date	2/11/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.